#### Mission Statement:

To strengthen Minneapolis families by partnering with stakeholders to build an accessible and seamless infrastructure that responds to residents' human development needs.

#### **Primary Businesses:**

#### Direct Services

Deliver services to City and community enterprises and residents – Public Health Laboratory, School-Based Clinics, New Families Center, Housing Advocates, Minneapolis Multicultural Services, Senior Ombudsman and Skyway Senior Center.

#### Community Initiatives

Community partnerships, Policy Development, Research, Health Education, and special projects. MDHFS works with community partners to define and address issues that support the City's families, children, disenfranchised residents, and the community- based service delivery system. Examples include supporting the Health Disparities grantees, a range of activities that support improving the health outcomes of the American Indian Community, the Tobacco and Alcohol initiatives, the Curfew/Truancy Center, SHAPE, improving birth outcomes and school readiness, and Weed and Seed.

#### Manage the Workforce Development System

Administer grant funded employment and training dollars in a manner that is consistent with local emerging growth industries, aligned with City development initiatives, and attentive to the workforce development needs of youth, the unemployed and underemployed.

#### Supporting the Community Safety-Net

Oversee contracts with public and not-for-profit organizations that support a healthier community. These include the Neighborhood Health Care Network (community clinics), Children's dental care, home visiting, childcare, and chore services for senior citizens.

The Department of Health and Family Support recognizes that many of the challenges that exist in our community are complex and interrelated. Therefore, the nature of the department's work often requires the development of approaches that are interdisciplinary and that cut across different levels of public and private jurisdictions. For these reasons, the business lines can arguably be cut in a number of different ways. However, they are tied together by four strategic directions:

- 1) Improving community health,
- 2) Eliminating health disparities,
- 3) Supporting and welcoming new arrivals, and
- 4) Developing a healthy workforce.

The Department addresses the complexities within the human service delivery system though community partnerships with consumers, public and private funders, and service delivery organizations. This is accomplished in a manner that holds all partners, including ourselves, accountable.

The department has adopted six guiding principles that govern how we make our choices and do business:

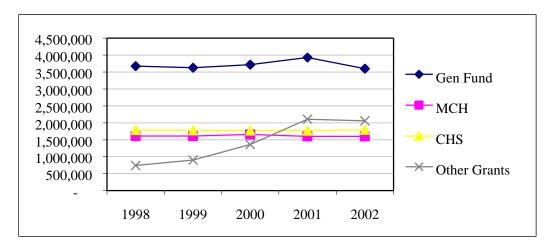
- 1. Our activities are investments in the health and social and economic well being of the citizens of Minneapolis.
- 2. Our work is accomplished through collaborations and partnerships. We acknowledge the complexity and challenge of this approach and are committed to creating and nurturing these efforts.
- 3. We work actively to build community capacity.
- 4. We recognize, reflect and respond to the increasing diversity of our city.
- 5. We identify and define outcomes and evaluate and report on results.
- 6. We make decisions about resource allocation based on sound research or promising strategies.

#### Key Trends and Challenges Impacting the Department:

<u>Service needs still growing</u>. During the past decade, and particularly the last five years, government, foundation, and private resources that provide core health and employment services to the Minneapolis community have, in many instances, been flat or diminished. Among the reasons are the ripple effects of cutbacks at all levels of government due to the recession, and shifts in investment priorities since September 11<sup>th</sup>. Nonetheless, city residents continue to have unmet needs, ranging from access to living wage jobs, and quality education to affordable housing and health care.

Shift from general fund to competitive grants. For MDHFS, as operating costs have increased, the publicly funded or "pass through" dollars, including the City's General Fund have been essentially flat, and are carrying a smaller share of the department's overall community investment. In 1998 those funds (General Fund, CHS & MCH) accounted for 65% of the MDHFS budget. In 2001, those comprised 54% of the budget. During that same time grant funds secured competitively have increased by 63%. It should be noted that most of these external grants are for targeted activities and funding is temporary. The following table shows the trends with respect to funding sources for the MDHFS health activities:

Growing number of at-risk populations. At the same time, membership in the Minneapolis community continues



to change and to have an impact on the configuration of service delivery systems. In the mid-nineties, for the first time the Minneapolis Public School population became a majority "minority" student population, while at the same time welcoming students and their families who now speak more than seventy different languages. Major disparities in health, wealth, school achievement, pregnancy rates, infant mortality, insurance participation and sexually transmitted disease rates exist between white and non-white residents of Minneapolis. The common thread within these categories of disparity is poverty.

<u>Poverty</u>. According to the 2000 U.S. Census, one of six Minneapolis residents lives in poverty. Many others struggle to meet basic needs. More than one of five homeowners and more than one of three renters pay more than 30% of their income for housing. Changes to the City's demographics also affect the need for basic services. The number of foreign-born residents rose during the 1990s and now represents more than 14% of the City's population; the majority have limited English proficiency. One of nine of city residents lack health insurance, a rate more than double those for the metropolitan area and the state as a whole. Foreign-born

residents are more likely to be uninsured, with rates of uninsurance especially high among Latino and African immigrants. Two-thirds of the uninsured are working.

Economic downturn impacts city's youth programs. As we approach 2003, TANF caseloads are beginning to trend upward, demonstrating the vulnerability of recent entrants into the workforce during periods of economic recession. At the same time TANF resources have been reduced by 5%. The funding shortage presently leaves 1,000 eligible families without services. In the 1990s, the Summer Youth Employment Program was able to target 14-15 year olds, as the private sector was anxious to employ most able older youth. In 2002, older youth are again competing for the subsidized jobs.

City residents also experience a disproportionate share of the state's health burden, including greater prevalence of infant mortality, poor nutrition, lead poisoning, asthma, sexually transmitted diseases, complications from alcohol and drug use, and violent crime.

School performance. Poverty and the lack of affordable housing are contributing factors to academic performance among children. The graduation rate for Minneapolis public school students is much lower than the statewide rate (43.3% versus 78.5% for the class of 2000). Academic success in the city is complicated by a variety of factors. Student mobility is one key factor, with 35% of Minneapolis students transferring schools within district or across districts in the 2000-2001 school year. Limited English proficiency is another challenge for the district. In the 2001-2002 school year, almost one-third (30.1%) of students reported a language other than English as their primary language, a rate 3½ times higher than the statewide rate of 8.3%, and an increase of two-thirds over the 18.2% rate reported for the 1996-97 school year.

# <u>Key Enterprise Outcome Measures Influenced by the Minneapolis Department of Health & Family Support</u>

The Department of Health and Family Support manages a relatively small portion of the health and human service dollars that flow into the Minneapolis community. Therefore, the Department's approach is to examine and help define community issues, including spheres of influence, and to both target and leverage those resources in a manner that can have a measurable impact on community indicators of well-being. This is accomplished by targeted, direct programmatic interventions, capacity building activities with community providers, applied research activities and policy work to develop recommendations that support improvements in the delivery system.

Following is a summary of some of the outcomes that MDHFS can influence, although most outcomes measured will be subsets of broad community indicators. For example, it is nearly impossible to count the number of youth participating in positive youth development programs. However, the department can identify best practices in youth development and work with the Little Earth community to improve participation rates for the children living there. We can also ensure that its Summer Youth Employment Program employs best practices at more than 50 community based work sites. In another instance, the best methods within reach to reduce child poverty in Minneapolis include management of an effective employment and training system that helps families get livingwage jobs and a range of investments that support school success.

# Performance Data for Key Enterprise Outcome Measures\*

	Baseline Data	Sample 2002 Activities
Poverty rate Mpls Residents (by race if possible)	16.9%	All Employment and Training programs
Child Poverty Rate	24.5%	All Employment and Training programs
% Minneapolis residents employed in living wage jobs	Census Data not available 'til late summer	Adult Placement Programs     TANF     Dislocated Worker Programs
% residents uninsured Immigrants: Latino African	11% 54% 27%	<ul> <li>New Families Center</li> <li>Neighborhood Health Care Network</li> <li>School-Based Clinics</li> <li>449-Care</li> </ul>
MPS High School Graduation Rate	43.3%	<ul> <li>School to Career Program in MPS</li> <li>Youth Risk Behavior Grants</li> <li>TANF Home Visiting Teen Parent Programs</li> <li>Summer Youth CLASS project</li> <li>Year Around Jobs-School Retention</li> <li>Services</li> </ul>
% of children who are school ready	Available in 2003	Way to Grow     TANF Home Visiting Pre-school Screening     348-TOTS
Birth rate 15-19 yr. olds Per 1,000 teen females White African American Indian	41.2 115.5 166.7	<ul> <li>School Based Clinics</li> <li>TANF Home Visiting</li> <li>Community clinic services</li> <li>MVNA home visiting nursing services</li> </ul>
Gonorrhea rate per 100,000 • White • African American • American Indian	94.4 1410.2 282.9	<ul> <li>School-Based Clinics</li> <li>Public Health Laboratory</li> <li>Research/Surveillance Fact Sheets</li> <li>Health Disparities Grants</li> <li>Community partnerships</li> </ul>
Examples of strategic partnerships to improve health & well-being		<ul> <li>Metropolitan Medical Response         System</li> <li>MFIP Management Team</li> <li>Children's Defense Fund</li> <li>Stairstep Foundation</li> <li>U of M Institute on Criminal Justice</li> <li>Truancy Task Force</li> <li>MHP Adolescent Health Task Force</li> <li>Curfew Truancy Center</li> <li>Weed and Seed Steering Committees</li> <li>Minneapolis Urban American Indian Directors</li> <li>Neighborhood Employment Network</li> <li>Healthy Learner's Board</li> <li>Court, Community Health, Community Corrections, Training and Employment, Human Services, Medical Center, Economic Assistance, Planning and Development</li> </ul>

<sup>\*</sup>Current and planned activity outcomes are noted in the Business lines section.

# Primary Business I: Provide Direct Services

The MDHFS has seven direct service activities including:

- Public Health Laboratory
- School Based Clinics in five MPS high schools and one alternative school
- New Families Center at Four Winds School in South Minneapolis
- Housing Advocacy
- Minneapolis Multicultural Service Center
- Senior Ombudsman Activities
- Skyway Senior Center

# Service Activity: Public Health Laboratory

Description: The Public Health Laboratory provides a range of clinical (medical), environmental (water, lead, food) and chemical (law enforcement – drug) testing for a variety of partners in the City of Minneapolis, the metro area and beyond. Combined, these partners create the volume of testing that is necessary to keep the cost per test affordable, and allow the laboratory to cover most of its operating expenses and fulfill its public health responsibilities. These include monitoring STDs, blood leads, food borne illnesses, and water quality. The laboratory provides technical support to the City's Emergency Response Plan, and is part of a statewide network of laboratories that provide back up in the event of a massive bioterrorism or chemical event. Since 2001, the laboratory has supported workforce development as a training site for the U of M School of Medical Technology. In 2002 the laboratory is working with an external consultant to complete updated cost benefit analysis of lab as a City enterprise.

#### Key Performance Measures:

	2000	2001	Projected 2002	
				Approved 2003
# test performed	95,800	103,300	70,000	80,000
Revenue Generated	544,734	675,161	540,000	620,000
% Costs re-couped	92%	93%	75%	85%
Special Initiatives			<ul> <li>Develop client satisfaction survey</li> <li>Complete cost-benefit analysis of enterprise</li> </ul>	

#### Explanation of Key Performance Measures:

Projected revenue for 2002 is down due to the post September 11th slowdown in immigration. The largest clinical partner is the Hennepin County Health Assessment Promotion (HAP) clinic, which serves new immigrants. Hennepin County officials expect business to pick up, but there is no date certain. The laboratory will reduce some budgeted costs by not filling a vacant position until the end this summer and by reducing expenditures on some planned new equipment purchases.

The key performance measure will continue to be recovering 90% of the laboratory's operating costs, while retaining the capacity to serve its core public health functions. However, this standard must be viewed in the context of an organization that has improved from a cost recovery rate of 58% in 1997.

- In 2002 the laboratory will expand its marketing efforts, particularly in the area of non-city law enforcement organizations.
- The laboratory is working with an external consultant in 2002 to evaluate the enterprise regarding business practices and cost vs. benefit to the City. Recommendations will be forwarded to City leadership for review.

#### **Service Activity: School Based Clinics**

Description: School-Based Clinics are a key to the health care delivery system for under served Minneapolis teens. The City of Minneapolis operates clinics at five of the seven Minneapolis major high schools, and a clinic for pregnant and parenting teens at the Broadway School. Clinic staff include Nurse Practitioners, Registered Nurses, Social Workers and Clerks, who team with contracted physician groups and Hennepin County nutrition services to deliver a broad range of prevention and direct intervention services to students. These range from wellness promotion and connecting teens to other health and social services, to reproductive health, mental health and the diagnosis and treatment of illnesses and injuries.

School Based Clinics are not designed to operate as primary care providers, but do serve as an entry point to health services for teens, and often as a default provider to the uninsured. In that role, they frequently deal with the health as well as the social service access issues. Clinic staff facilitates the link for students and their families to a source of primary care. If students/families have insurance, but do not know how to use it, the SBC staff can assist them in accessing an appropriate clinic or health care provider.

#### Key Performance Measures:

	2000	2001	Projected 2002	Approved 2003
Student Encounters	10,426	10,016	9,875	TBD
Revenue Generated: Billing	NA	19,000	55,000	65,000
Revenue Generated: Grants	\$78,050	\$89,580	\$88,498	\$57,890
New managed care contracts	NA	3	1	0

#### Explanation of Key Performance Measures:

The key challenge for the School-Based Clinics is generating the resources necessary to remain a viable enterprise. *This is a national issue*. The clinics have been aggressive in developing contracts with health plans and can now bill Medical Assistance for three of the States largest managed care organizations and are negotiating with a fourth. However, contracts do not automatically translate into revenue, and it is not cost effective to develop contracts with all insurance payers for a variety of reasons:

- 1) A large portion of the services provided at the clinics are considered confidential (e.g., mental health counseling and family planning services). With the exception of some students on public assistance, those services cannot be billed because the carriers cannot ensure that the student's confidentiality will be protected through their billing system. This is true for all private insurance and most of the private carriers that manage public program participants.
- 2) Negotiating the complex health care contracts is labor intensive and expensive. MDHFS in cooperation with the City Attorney's office has retained outside counsel to assist. Costs have ranged from \$6,000 to \$9,000 per contract. Most of the private carriers cover less than 2% of our student population. That volume of business, particularly when considering the high percentage of confidential services provided, does not justify the cost.
- 3) Finally, many of the services provided, such as connecting students to health insurance and other community services are not billable.

City Support: City General Fund dollars for the School Based Clinics have been reduced from \$340,788 in 1994 to \$107,724 or (7% of the budget) in 2002. At the same time the cost of doing business has increased (up 42% since 2000) at a rate greater than the capacity to raise funds through billing or other grants. One net result is fewer student encounters, but with a larger budget. In 2001-2 the SBCs have left two nursing positions unfilled, reconfigured clinic staffing accordingly, and are considering further reorganization for 2003.

#### **Service Activity: New Families Center**

Description: The New Families Center is a cooperative initiative with the Minneapolis Public Schools, the Children's Defense Fund and the Healthy Learner Board. It is located at the Four Winds School and works with families of children enrolling or enrolled in MPS. Staff at the Center perform an assessment of health problems that may affect school attendance and learning, give immunizations to children who need them, and help families enroll in health insurance programs and access health care. The majority of the families served are immigrants and refugees. Interpreters are on site to facilitate communication. The application process for public insurance programs is complex and requires that staff have multiple encounters with families and bureaucrats before a family is successfully enrolled. The Center is both enriched and challenged by being a collaborative effort. Ongoing funding for the interpreters is a challenge.

#### Key Performance Measures:

	2001	Projected 2002*	Approved 2003
# of families enrolled	400 families	400 families	400 families
in health coverage	(881 children)	(800 children)	(800 children)
# of immunizations			
administered	2,137	2,000	2,000

#### Explanation of Key Performance Measures:

Enrollment in health insurance is a key resource for families that helps them gain and maintain health, stay in school and keep a job. The New Families Center is one of the first places families come when they arrive in the city. It provides a unique opportunity to help families get established in the community so that they can be productive. Funding for this effort is flat. If additional assistance from county workers and others is secured, enrollment could increase.

Without proper immunizations children cannot attend school. Immunizations are also available in the community but often involve waiting for appointments and may not be at locations with appropriate interpreters. Immunizations at the New Families Center allow children to enter school sooner.

## **Service Activity: Housing Advocacy**

Description: Two Housing Advocates provide information and advocacy services for Minneapolis tenants and landlords. Included is a contract with Legal Aid to provide technical support to staff and legal advice and representation to consumers. Services include preparation of cases and legal representation for tenants, as well as assistance finding funding for housing. A positive outcome was reported for 81% of the Legal Aid cases.

#### Key Performance Measures:

	2000	2001	Projected 2002	Approved 2003
Housing Advocates: number served	12,263	11,594	10,000	10,000
Legal Aid: Number Served	211	205	193	180

#### Explanation of Key Performance Measures:

A reduction in numbers served over reflects a gradual shift in some of the responsibilities of Housing Advocate staff. Increasingly they have been asked use their time to provide education about tenant rights and responsibilities to consumers and consumer service organizations. This includes presentations to high school groups, Minneapolis Community Education classes, and community organizations such as PICA and the Crossroads MOMs group. In 2002 the advocates represented the City's Housing Advocates Office at the Mayor's monthly open house, and are key informants to policy makers in support of City efforts to recommend changes in eviction procedures and water shut off issues. In 2002 staff will also develop and begin to implement a customer survey to examine the quality of their service delivery model.

#### Service Activity: Minneapolis Multicultural Services

Description: The mission of Minneapolis Multicultural Services (MMS) is to make services offered by the City of Minneapolis accessible to residents who speak limited English. We currently provide culturally sensitive bilingual assistance for Latino and Somali residents with city related issues. MMS also works with city departments on cultural competency issues and to streamline city services and processes to improve accessibility. Staff are engaged in developing and maintaining positive working relationships with immigrant and refugee community based organizations.

Key Performance Measures:

	2000	2001	Projected 2002*	Approved 2003
Number of client encounters	NA	NA	800 client encounters.	1,000 client encounters
Number of departments served	NA	Worked with almost every city departments to develop MMS	Currently serve all city departments	Will serve all city departments.
Community Outreach Activities	NA	Worked with community groups on development of MMS	Activities include introductory meetings with organizations, presentations at meetings, conferences, serving on advisory committees.	Will continue to strengthen community outreach— especially among the Somali, Hispanic and Hmong communities.

#### Explanation of Key Performance Measures:

Client encounters encompass services to city residents including interpretation, translation advocacy, outreach, and technical assistance to ensure that basic customer service is provided to limited English speaking persons (immigrants and refugees). Work with city departments entails many special projects like cultural competency planning and implementation of services including signage (Municipal Buildings Commission), streamlining city procedures with respect to starting a business in Minneapolis (MCDA, Zoning, Inspections), and cultural competency training for staff (HR, Inspections). Staff plan community outreach activities such as La Feria, a family fair for Hispanic families in Minneapolis.

## **Service Activity: Senior Ombudsman**

Description: The Senior Ombudsman assists a growing, diverse population of seniors, people with disabilities, new arrivals, and low income households with information and assistance so they may fully access and utilize resources to meet their needs. The Ombudsman facilitates services with the Mayor, City Council and other City departments and works in cooperation with other agencies, programs and professionals to provide necessary service and respond to requests for assistance and provide awareness of senior needs to City departments. The office is host to the year-round volunteer tax assistance program for seniors and low-income persons. The 23-member Senior Citizen Advisory Committee to the Mayor and City Council and the 15-member Advisory Committee on People with Disabilities are also staffed through this office. The office serves as training and work site for Welfare to Work Initiatives, the federally-funded Senior Aide program, the Retired Senior Volunteer Program, METP's summer youth interns and Labor Relation's "return to work" employees. The Ombudsman is responsible for oversight of the Skyway Senior Center. Continuing challenges for the offices are to maintain and expand services to the community where the needs of frail, older seniors are increasing and funds are limited. The office reaches out to unserved populations to provide resources and assistance.

#### Key Performance Measures:

	2000	2001	Projected 2002	Approved 2003
Contacts with Seniors	11,301	13,506	14,500	15,000
Tax program -# Served	8,129	8,595	8,500	8,500

#### Explanation of Key Performance Measures:

The Senior Ombudsman engages in a range of other activities such as: recruitment and training of volunteers and temporary workers who help staff the office, participating in Senior Forums with council members, coordinating the opening of the Skyway Senior Center, hosing a City Hall open house for Seniors, helping to coordinate intergenerational tennis and the Mayor's Cup, and working with Minneapolis Multicultural services to expand services to unserved seniors.

#### Service Activity: Skyway Senior Center

Description: The Skyway Senior Center, which opened in November 2001, provides a safe, comfortable gathering place for the more than 9,000 Senior Citizens who live downtown and those who visit. The Center provides a range of life-long learning opportunities; offers wellness programs including blood pressure screening; and provides access to the Internet, e-mail communications, and connections to other services that are of interest to older adults. The center has exceeded all projections and has had an extremely favorable community impact. Nearly 2,000 older learners participated in one of 122 programs and classes offered at the center between January and June. Over 2,400 individuals are registered in the center database. More than 1,100 visitors frequent the center each month. Collaborative partnerships have been established with 40 community organizations and businesses. Support ranges from financial and in-kind resources to health services and fitness programs. A full-time coordinator, two Senior Aides and 45 dedicated volunteers staff the center.

There are two key challenges for the center: 1) Keeping pace with managing community interests, needs and expectations. The Center's popularity has far exceeded the level anticipated by staff and the Senior Citizen's advisory committee, and 2) Achieving the goal of making the Center a sustainable operation without the use of City cash investments.

#### Key Performance Measures:

	Projected 2002	Approved 2003
Daily Visits to Center - 12 month total	13,500	16,000
Classes and other Activities	225	300
Class Participants	4,000	5,000
Volunteer hours	2,500	3,000
New Partnerships Developed	40	10
Non-Grant Revenue from Classes/Donations	\$4,000	\$6,000

#### Explanation of Kev Performance Measures:

A monthly newsletter is distributed to 3,000 seniors which promotes the Skyway Senior Center programs, Senior Ombudsman Services, downtown activities, City services, wellness and consumer information as well as general news of interest to seniors.

A new outreach program for foreign-born elders is scheduled for fall. Volunteers and instructors are being recruited for a 12-week English conversation program that will meet at the center. The program is targeted to Somali, Hispanic and Russian elders.

Expanded programming with community partners is in the works. For example, with support from the Minnesota Humanities Commission, the Center and the University of St. Thomas are initiating a Lunch 'N Learn series. In collaboration with the Friends of the Library, a lecturer affiliated with the Smithsonian Institute is scheduled for a presentation in October.

Screenings for glaucoma, hearing and diabetes will take place at the center in partnership with Vision Loss Resources and the University of Minnesota.

A Skyway Senior Center Advisory Committee was established, recruited from center volunteers and program participants to advise the center staff on operations, activities and programs of particular value to seniors.

# Primary Business II: Community Initiatives

## Service Activity: Reducing Health Disparities in the Community - Grants

Description: The Minnesota Department of Health allocated approximately \$6 million in grants to 32 community based organizations doing work in Minneapolis to reduce health disparities in 8 areas: unintentional injuries and violence, cardiovascular disease, diabetes, teen pregnancy prevention, HIV/AIDS and STIs, breast and cervical cancer, infant mortality, and immunizations. Because eliminating health disparities is a MDHFS strategic direction, staff are working closely with several of these grantee partners to help them implement or shape their initiatives. We intend to work with a majority of grantees on some level and will host a meeting for all grantees in September. In addition to supporting the grantees, MDHFS offered a range of technical assistance (community data for needs assessments and grant writing support) to applicant organizations to help ensure that a core of strong proposals would be forthcoming from the Minneapolis community.

#### Key Performance Measures:

	2001	Projected 2002	Approved 2003
Contacts with Health Disparities Grantees	Completed Minority Health Assessment. Helped write 5 of the EHDI grants	Have established working relationships with the following grantees: StairStep Foundation, Indian Health Board (MUID Group), Carondelet Life Care Ministries/St. Mary's Health Clinics, CLUES, MN International Health Volunteers, Dar Al-Hajah Cultural Center.	Will establish a supportive or working relationship with all grantees.

#### Explanation of Key Performance Measures:

These community agencies are a key part of the delivery system for reducing health disparities in Minneapolis. Relationships with these groups need to be established or maintained so that MDHFS can bring to bear our resources to support the efforts of these groups. In addition, we hope to work through these organizations to accomplish community capacity building, enhance our community connections and learn more about reducing health disparities based on the work of these grantees.

## Service Activity: Improving health outcomes in the American Indian community

Description: In collaboration with the Metropolitan Urban Indian Directors, the Little Earth community, and Hennepin County, Health and Family Support is working to address several issues that have been identified by the community as important to health and well-being: head lice as an issue affecting school attendance; engaging youth at Little Earth in meaningful activities to reduce violence and promote youth development; addressing longstanding mental health issues in the Little Earth community; and articulating an overall Urban Indian health agenda. Addressing longstanding challenges in the American Indian Minneapolis community will require a commitment over time to build relationships and trust.

Key Performance Measures - American Indian Community:

	2001	Projected 2002	Approved	d 2003
Implement a program to improve the community response to head lice	Pilot project in Little Earth initiated	Evaluate pilot project – Fall 2002. Seek stable funding source for ongoing program.	Continue program wir funding	th sustainable
Engage community in addressing depression, historical trauma and alcohol use		Seek grant funding for yearlong effort to address issue	Implement effort and	evaluate.
Increase American Indian Youth participation in activities		Convene meeting of organizations serving youth at Little Earth, develop resource book, fund part time youth worker	Evaluate effort, seek support	ongoing financial
Urban Indian Health Agenda	Wrote application for Disparities Planning Grant	MUID received grant, assist in development of health agenda	Support effort to seek grant	c implementation
Helped organize Metro Urban Indian Day at the Capitol event in conjunction with the MUID group			In addition to well attended Rotunda Rally, teams of American Indian leaders and youth met with 12 legislators regarding health and social services issues.	Metro Urban Indian Advocacy Event will be planned during 2003 Session

#### Explanation of Key Performance Measures:

The American Indian community has identified head lice as one issue affecting school attendance because of the time involved in completing the steps to treat the lice before being allowed to reenter school. The pilot was instituted to see if making supplies and information available at community sites would increase the efficiency of treating head lice and decrease days missed from school.

Depression and the effects of historical trauma have been identified by the American Indian community as issues underlying many challenges in their community. A proposal to address these issues as a community and not simply as individual concerns is being explored. American Indian youth at Little Earth need more positive activities. Youth serving programs in the community need help connecting with Little Earth youth. The community has identified and is piloting some strategies to address these needs.

The American Indian community has expressed the need to frame health issues within the context of their culture – to serve as an organizing framework both for working within the community to address health disparities but also as a framework for public policy discussions.

Metro Urban Indian Day at the Capitol is part of a larger advocacy strategy to develop and promote an Indian Health Agenda.

#### **Service Activity: Health Education**

Description: includes part-time (0.8 FTE) health education consultant who provides technical assistance, project management, and training services to MDHFS and partner agencies, as needed. Also coordinates monthly newsletter distributed to Mayor, City Council, City department heads, and partner agency directors.

Examples of current projects include a multi-agency coalition to reach parents of teens with positive parenting messages, coordinating implementation of Life Skills Training curriculum in Minneapolis Public Schools, investigating healthy alternatives for vending machines in MPS high schools, and coordinating an ad campaign for a community newspaper (Spokesman Recorder).

Other services include updating staff on training opportunities, and updating internal units (such as school based clinic staff and METP youth vendors) on best practices and recent research for adolescent health.

Past projects include publicity and promotion of a flu shots campaign for City employees; providing health education resources for Twin Cities Healthy Start and School Based Clinic clients; and writing an overview report on teen pregnancy prevention strategies.

Key Performance Measures:

	2000	2001	Projected 2002	Approved 2003
Manage the DHFS investment of Life Skills Curriculum for MPS middle schools.  General Health Education	Planned implementation of curriculum with MPS— implemented in 5 classrooms  Spearheaded tobacco prevention initiatives in preparation for MDH grant. Provided health ed for MDHFS projects. Worked on teacher education re: Methamphetamine s. Coordinated MPAAT grant on smoking cessation for pregnant women.	Implemented in 90% classrooms and conducted t training for 80 middle school staff.  Provided health education support for Twin Cities Healthy Start. General health education including teen pregnancy prevention support.  Conducted healthy sexuality training for MPS and alternative school staff.	Implemented in 85% of sixth grade classrooms  Focus on nutrition, physical activity, and teacher training. General Health ed support for MDHFS programs including Youth Employment and Training providers. Work on Adolescent Health initiatives.	Expand to 95 of 6 <sup>th</sup> grade classrooms and expand to 7 <sup>th</sup> and 8 <sup>th</sup> grade classrooms.  Will continue general health education work and emphasis on physical education and nutrition projects and emergency preparedness.
Department Communications Initiatives	Initiated Healthy City, Thriving Families.	Coordinate monthly dept. newsletter, Healthy City; Thriving Families.	Coordinate Communications. Developed relationships re: community press Strengthening marketing materials for dept. programs.	Will continue internal and external communications activities.

#### Explanation of Key Performance Measures:

Highlights of performance measures include shepherding the implementation of Life Skills Training Curriculum so that there is a 90% penetration for grades 6-8, providing general health promotion resources to support MDHFS programs including connecting with Youth employment and training vendors on adolescent health issues. Communications successes include developing projects with community media outlets to promote messages about health and to reduce health disparities.

#### Service Activity: Tobacco and Alcohol Initiatives

Description: MDHFS is part of a comprehensive youth tobacco initiative (Communities Targeting Tobacco-CTT) funded by the Minnesota Department of Health and managed by Hennepin County Community Health. Primary goals are to educate the public about secondhand smoke (SHS), support local coalitions that promote smoke-free policies, encourage youth leadership in tobacco education and prevention, work with schools to prevent tobacco use, work with law enforcement to reduce youth access to tobacco and publicize programs that help young smokers quit. In addition, MDHFS works with Police and Consumer Licensing departments to ensure that youth do not have access to alcohol through licensed beverage establishments and through social providers. In addition, through a peer education approach, we work on preventing youth alcohol use.

#### Key Performance Measures:

	2000	2001	Projected 2002	Approved 2003
Community Organizing to reduce youth tobacco use	Worked with Hennepin County to obtain grant	Established working relationships with 14 community based organizations	Maintain current relationships	Establish additional relationships
Conducted Second hand smoke campaign	Worked with Hennepin County to obtain grant		Campaign launched in Feb. 2002 in Near North and Camden neighborhoods	Continue campaign in Near North and Phillips and expand to Phillips and Powderhorn
Conducted peer education trainings regarding youth alcohol use	Wrote grant to fund this activity	Conducted training in Oct. with 72 peer educators	Will conduct additional training in Oct involving 5 peer educators.	Will continue to work on youth alcohol prevention and enforcement activities.

#### Explanation of Key Performance Measures:

*Tobacco Prevention*: Performance measures are from the CTT project and from the MDH grant. *Alcohol:* Performance measures are established in the grant from Department of Public Safety.

In addition, MDHFS works with Police and Consumer Licensing departments and Hennepin County to reduce reduction of youth access to alcohol through licensed beverage establishments and social providers. In addition, through a peer education approach, we work on preventing youth alcohol use.

#### <u>Service Activity</u>: Surveillance, Research, and Program Evaluation.

Description: Through its Research Division, DHFS conducts a wide range of activities that address three major objectives: |

- reducing risk behaviors and promoting health-enhancing behaviors;
- targeting social and environmental determinants of health; and
- improving access to and quality of health services.

One major project is the Survey of the Health of Adults, the Population and the Environment (SHAPE). Conducted for the second time in 2002, SHAPE provides comprehensive information on health behaviors, health status, access to health care, and community assets and concerns for the city as a whole, individual neighborhoods, and individual racial/ethnic groups. The City Health Statistics trends data system is used to monitor changes over time among subgroups of residents and a Quality of Life indicator system, under development, tracks social and environmental determinants of health. These data systems will enable city

and neighborhood planners to identify and target local priorities. Major program evaluation efforts include Twin Cities Healthy Start, the New Families Center, and contracted health care services.

Sample of Key Performance Measures:

	2001	Projected 2002	Approved 2003
SHAPE II Survey	Survey development, sampling strategy	Completion of 9,500 interviews. Preliminary data analyses focusing on new arrivals and other communities of color.	Comprehensive summary of findings, neighborhood analyses
Neighborhood health insurance, health care utilization study		Analyses of public/private insurance rates and utilization of preventive health services by health plan by neighborhood; implications and recommendations	
Research Briefs: Analyze and report on data from various sources to disseminate information to city stakeholders	3 Briefs in 2001: Teen Parent Report Card, Uninsured in Minneapolis, Health Disparities in Minneapolis	Completed: Teen Pregnancy Prevention in Minneapolis, Snapshot of Urban American Indians, Snapshot of Urban African Americans Planned: Adolescent Sports Participation, Adolescent Sexual Health	Issue specific briefs from SHAPE II, others as necessary

#### Explanation of Key Performance Measures:

Performance measures for the Research Division are evaluated by the implementation and completion of research projects. These activities provide information about issues that affect the quality of life in Minneapolis. This information can be used by those involved in changing policy, making improvements in programming, and influencing community priorities. The performance of the Research Division can be measured by the delivery of thorough and easy-to-understand research products to these groups

## Service Activity: Improving birth outcomes and school readiness

Description: A healthy birth is an important first step to a healthy life and school success. The Twin Cities Healthy Start program is a federally funded program to address infant mortality among African Americans and American Indians in Minneapolis and St. Paul. DHFS administers this grant and works with community agencies to deliver case management, health education and outreach services to pregnant women.

Systems issues affect the kind of support pregnant women and young families receive. In June 2002 Policy staff researched and wrote recent report: Falling Through the Cracks: An analysis of Care Coordination for low-income women in Hennepin and Ramsey Counties. DHFS is working with health systems and state government to improve systems and reimbursement.

The City is a significant financial supporter of Way to Grow, a program designed to promote healthy births and school readiness. DHFS has worked closely with WTG and Hennepin County to develop outcome measures for the program. WTG is experiencing decreased funding from all sources and is being restructured.

Benchmarks have been developed so that by the end of 2003, children who are not school-ready can be identified and appropriate interventions can be initiated. Preschool screening is one means of identifying children in need of additional support in order to be ready to start school. DHFS is meeting with MPS, Hennepin County and community organizations to improve the number of children screened early.

#### Key Performance Measures:

•	2000	2001	Projected 2002	Approved 2003
# families enrolled in Healthy Start (Mpls/St. Paul)	150	270	350	400
Improve perinatal system	Initiate Perinatal Systems Study		Issue report analyzing current system and it's impact on poor families. Disseminate findings.	Convene work groups to address findings of report.
WTG is effective in reaching at risk women and young families		Institute outcome measures	Evaluate success in achieving outcome measures. Participate in restructuring of WTG to meet objectives with fewer resources.	Evaluate capacity of WTG to achieve outcomes with new structure /funding.
Number of pregnant women actively participating in WTG (% of pregnant women in the City)	329	477	509 (8%)	624 (10%)
# of children receiving pre school screening		3500	3500	5000

#### Explanation of Key Performance Measures:

The number of high-risk women needing the type of services provided by Healthy Start is significantly more than those enrolled. Flat funding is a challenge to maintaining and growing the program to meet the need. The program is reaching increasingly high-risk families who are often headed by teens and are facing severe housing shortages. The State goal is to decrease disparities in infant mortality by 50% by 2010. Currently there is a twofold to threefold difference between infant mortality rates for African Americans and American Indians and Whites. Additional improvement in outcomes may be achieved through system change.

WTG is a well-established community organization currently going through significant transitions. It is important to both evaluate the ongoing effectiveness of the WTG program and also the effect of reorganization. WTG should seek to be actively engaged with at least 10% of the pregnant women in the city; this target may be difficult to obtain in light of shrinking financial resources.

There are approximately 5,000 children entering Kindergarten each year in the MPS. Screening is available for 3-5 year olds. The program goal is to screen children between the ages of  $3\frac{1}{2}-4$  so that they can be connected to needed services at least a year before starting school.

#### Service Activity: Improving Adolescent and Young Adult Health

Description: In addition to providing direct services to teens through the School Based Clinics, DHFS works with community organizations to address teen pregnancy and parenting, and to decrease sexually transmitted diseases (STDs). The Youth Risk Behavior Grant from the State tobacco endowment is used in Minneapolis to address sexuality-related risk factors. Six community organizations receive sub-grants to provide youth development programming combined with sexuality education. Additional funds are used to provide a uniform health decision-making curriculum to MPS Middle Schools. DHFS is working with MOAPPP, the Minneapolis Foundation, MPS and Hennepin County to improve case finding and coordination of services to teen parents and their children towards the goals of reducing repeat pregnancies, improving school attendance for the teens and improving school readiness for the young children.

DHFS is working with a coalition of providers and community members to improve awareness of STDs and to increase testing and treatment among high risk groups including teens and young adults on the North Side, chemical dependency treatment program participants, and individuals

connected to the criminal justice system. Efforts include encouraging providers to offer more testing and media campaigns.

Key Performance Measures:

	2000	2001	Projected 2002*	Approved 2003
Gonorrhea rates per 100,000 among AA 15-19 year olds	4253	Not yet available	Goal: Decrease from 2001	Further decrease
Repeat Teen Births	210 (24% of teen births)	Not yet available	Goal: Decrease from 2001	Further decrease
Births to teens	858 (13% of births)	Not yet available	Goal: Decrease from 2001	Further decrease

#### Explanation of Key Performance Measures:

Minneapolis has one of the highest STD rates in the nation especially among African Americans. However, the African American rate decreased 30% between 1998 and 2000.

In 1998 Minneapolis ranked 44<sup>th</sup> among 50 large cities in the number of repeat teen births. By 1999 the Minneapolis rate was better than the national average. The teen birth rate is slightly better than the national average. Both indicators were slightly worse in 2000 than in 1999.

Reporting of vital statistics data from the state does not allow for current data to be included.

#### **Service Activity:** *Weed and Seed* (Federal Department of Justice)

Description: This Initiative is a community-based multi-agency approach to law enforcement, crime prevention, and neighborhood restoration. The Weed and Seed Strategy "weeds" out violent crime, drug trafficking, and drug-related crime in targeted high-crime neighborhoods, and "seeds" in social services and economic revitalization, providing a safe environment free of crime and drug use for residents.

The Weed and Seed strategy brings together federal, state, and local crime-fighting agencies, social service providers, representatives of the public and private sectors, prosecutors, business owners, and neighborhood residents working in unison on collaboration, coordination, community participation, and leveraging resources. Weed and Seed sites maximize existing programs and resources by coordinating and integrating existing federal, state, local, and private sector initiatives, criminal justice efforts, and social services.

Currently, the Phillips and Northside Neighborhood Weed & Seed Initiatives of Minneapolis have seen a significant increase in gang violence (guns) and an increase in the distribution of drugs, which continues to drive the open-air drug market in and around the Weed and Seed target areas. Weed & Seed neighborhood-based safety strategies that address drug-related activities, gang association, and prostitution, while deterring juvenile crime will be continued and enhanced.

A key challenge this year is to ensure that competing neighborhood interests for resources do not interfere with Weed and Seed community goals.

Key Performance Measures:

Part 1 Crime Reduction	Year 2001	Year 2002	Approved 2003
Fourth Precinct	-16.3%	-12.83%	-14.56%
Third Precinct	-1.5%	-4.2%	-2.9%
Average Crime Reduction in Weed & Seed Zones	-8.9%	-8.51%	-8.73%

#### Explanation of Key Performance Measures:

Because Weed and Seed is a collaborative process that is able to bring together the resources of a number of organizations, including the police, this program is in a unique position to demonstrate impact.

#### Service Activity: Legislative Agenda and public policy activities

Description: MDHFS works with IGR staff to develop and advocate for health and family support legislative priorities. Perennial issues include: access to health care, welfare reform, protecting access to family planning and confidential services especially for adolescents, elimination of health disparities, tobacco prevention and workforce development issues. Legislative agenda is developed in coordination with Children's Defense Fund, Local Public Health Association, MN Workforce Council Association and other health and human services groups.

#### Explanation of Performance Measures:

Lobbying for a legislative agenda is challenging since health and family support issues not a top priority for City IGR staff. DHFS has worked successfully with other groups mentioned above to advocate for issues. During the 2003 session, DHFS worked on protecting the tobacco endowment, family planning funding and safety net programs such as General Assistance Medical Care. With a budget deficit projected for 2003, it will be more difficult to obtain new funding for special projects and protect funding for critical health and human services.

# Primary Business III: Manage the Workforce Development Systems

There are five workforce development programs overseen in MDHFS. Each is funded through several different funding streams.

# Description: Adult Training, Placement, Retention

Neighborhood organizations throughout the City provide assistance with skill assessment, career planning, access to training to build job-related skills, job search, job development, job placement, and support for retention in employment. Services are funded by a variety of federal programs and are available to low-income Minneapolis residents, including those unemployed and receiving public assistance.

#### Key Performance Measures:

	2000	2001	Projected 2002*	Approved 2003
Number served	620	759	900	800
Number placed	610	704	850	750
Average wage	\$10.06	\$10.96	\$9.84	\$9.80

#### Description: Welfare To Work

The Welfare to Work Programs provide assessment, job readiness, education, job placement and job retention services to welfare recipients as well as non-custodial parents of children on welfare. Employment services are provided by Workforce Centers and community based organizations throughout Hennepin County.

#### Key Performance Measures:

	2000	2001	Projected 2002*	Approved 2003
Served	12,288	11,901	14,364	15,100
Placed	5,164	4,511	5,168	5,400
Average wage	\$8.82	\$9.16	\$9.37	\$9.35

#### Explanation of Key Performance Measures:

- The number served equals all mandatory MFIP participants who received employment services including assessment, job readiness, education and training, placement, support services and retention services.
- The number placed equals all participants working and receiving partial MFIP benefits at the end of the year plus all participants whose employment put them over 120% of poverty who left MFIP.
- The average wage is a weighted average of those working and still on MFIP and those who worked their way off MFIP.

### Description: Summer Youth Employment

Non-profit organizations and public school special needs programs provide learning-rich work opportunities that are subsidized with city, state and federal funds. In addition, participants age 14-21 have the opportunity to attend the academic enrichment component, have a business mentor and experience work, leadership development, multi-cultural living and environmental education at Camp Sunrise.

#### Key Performance Measures:

	2000	2001	Projected 2002*	Approved 2003
Served	1,427	1,378	1,106	1,200
Academic enrichment	374	343	350	375
Mentorships	200	211	110	125

#### Explanation of Key Performance Measures:

The number served equals those youth in subsidized and non-subsidized positions.

Academic enrichment\_is provided through C.L.A.S.S. Mentorships are through private employers.

## <u>Service Activity</u>: Year Round Youth Program - Youth Placement - School Retention

#### Description:

Community Based Organizations provide case management services through objective assessment, individual service strategies and goal setting to help at-risk 14-21 year olds achieve target outcomes in the areas of work, school and employability skills.

#### Key Performance Measures:

	2000	2001	Projected 2002*	Approved 2003
Served	415	393	385	400
Skill Attainments	450	876	810	890
Retention 90 days	N/A	63%	70%	70%
Retention 183 days	N/A	55%	60%	60%

#### Explanation of Key Performance Measures:

The number served includes new enrollments during the program year. Many others also receive services. The skill attainments represent work readiness, basic skills and occupational skills attained by the participants

The 90 and 183-day retention percentages are figures that represent the levels of those employment terminations that are still working.

#### Service Activity: Dislocated Worker Program

#### Description

Non-profit and government agencies are funded with federal and state resources to assist workers who lose their jobs through downsizing, reorganizations, and closings. Workers receive individually tailored services leading to reemployment in comparable jobs. Services may include assessment, career counseling, skills updating, retraining, and job search support.

#### Kev Performance Measures:

	2000	2001	Projected 2002*	Approved 2003
Number served	620	1,024	1,206	800
Number placed	550	543	405	340
Average wage of placement	\$18.67	\$20.08	\$19.59	\$19.50
Wage replacement	97%	101%	90%	85%

#### Explanation of Key Performance Measures:

Wage replacement is the percentage of average wages at the new job versus the average wage of the last job.

# Primary Business IV: Supporting the Community Safety Net

### Service Activity: Neighborhood Health Care Network (NCHCN)

Description: The Neighborhood Health Care Network represents a major investment in the Minneapolis health care safety net. The City contributes \$832,402, from three sources: General fund, CDBG and federal maternal and child health pass through dollars. Eighty percent of the funds are targeted to provide patient subsidies in areas in medical and dental care to uninsured residents. Target groups are in the areas of maternal and child health and general health care needs. Fifteen percent covers a range of activities (489-Care program) that assist residents with access to affordable health insurance options and access to health care providers. The balance assists network clinics with maintenance activities related to their on-going connection to and participation with the IMMULINK Immunization Registry.

#### Kev Performance Measures:

•	2000	2001	Projected 2002	Approved 2003
Medical Visits	8,773	6,332	6,217	6,017
Dental Visits	1,044	834	848	798
489-Care Contacts	5,024	5,544	5,026	4,875

#### Explanation of Key Performance Measures:

The target strategy recommendation reflects a three- percent reduction in the initial overall planned budget for 2003. Planned 2003 numbers reflect that. The same occurred as part of the 2002 target strategy process. The drop in visits from 2000 to 2001 represents an increase in the reimbursement rate per visit – hence fewer visits. This however assumes no addition CDBG reductions and that no further adjustments are made to the MCH portion. 2003 MCH allocations are as yet unknown.

#### Service Activity: Home Visiting

Description: The Minnesota Visiting Nurse Agency (MVNA). provides community nursing for high risk and low-income women, children, and families in Minneapolis. Services target pregnant and postpartum women, infants, and preschool children and include home health care and therapeutic services for high risk and low-income seniors age 60 and over. The needs in Minneapolis exceeds the funds available.

MVNA also provides oversight and consultations to Minneapolis Day Care Centers and consultation to legally licensed and legally unlicensed Minneapolis family day care homes to promote safe and healthy childcare environments. It is a continuing challenge to discover and establish contact with the legally unlicensed family day care units due to the lack of reliable lists and their reoccurring mobility.

<u>Block Nurse Programs</u>: Southeast Seniors, Longfellow/Seward, and Nokomis block nurse programs provide public health nursing, home health, homemaker, volunteer, service coordination, and health promotion services. A primary goal is to assist seniors with remaining independent in their own homes. Maintaining levels of funding remains a challenge for the block nurse programs.

<u>TANF</u>: The goals of the TANF Home Visiting Program, funded through the Minnesota Department of Health, is to promote economic self sufficiency, improve the health and well being of families with young children, and reduce out of wedlock pregnancies. The primary strategy is public health nurse directed case management. Minneapolis has focussed primarily on reaching and serving pregnant and parenting teens with an emphasis on connecting them with school. Initially the program was administered through counties. In January 2002, Minneapolis was given direct access to the funds.

Key Performance Measures:

	2000	2001	Projected 2002	Approved 2003
MVNA-Home Visiting	7663	5,778	4,563	4,525
MVNA-Senior Visits	NA	322	322	313
Child Care Site Training/Consultations	465	465	465	465
Senior/Block Nursing Visits	489	809	691	649
TANF Home Visiting teen families	Project	546	800	Depends on
	development			funding levels

#### Explanation of Key Performance Measures:

The City of Minneapolis passes through both General Funds and CHS to support these MVNA activities. Given the 4% target strategy recommendation, and the historically flat CHS funding combined with the rising cost of doing business means reduced performance outcomes are expected for 2003.

TANF: This is only one population of several being served with TANF funds but is the largest group and so is a proxy for overall program activity. The number represents families served in all of Hennepin County; more that 70% are Minneapolis residents. To be successful the program requires a larger public health nurse workforce and the development of stronger relationships among community agencies. It has taken time to build this infrastructure which has meant that all funds were not spent initially. We are on course to spend all of the allocated funds in State fiscal year 2003. Funds may be cut by as much as two-thirds in FY2004 depending on Congressional and Legislative action.

# Service Activity: Child Care

Description: The Greater Minneapolis Day Care Association, Coordinated Child Development program partially subsidizes child care services to low and low moderate income families based on a sliding fee scale with a portion of the funds set aside specifically to support participants in METP job training programs who are ineligible for subsidized child care. Families who receive sliding fee child care assistance are able to work and/or attend school while their children are cared for in a legal child care setting chosen by the family.

Greater Minneapolis Day Care Association, Childcare Facilities Loan/Grant Program GMDCA administers a child care facilities capital improvement program that offers loans to family day care homes and centers so that the facility can meet state childcare guidelines and improve services to children. The primary outcome of these loans have been to create healthier, safer, and more appropriate environments for young children in child care, with a special emphasis on reducing potential environmental health hazards. Among the challenges is managing the increased costs brought upon by HUD lead reduction mandates with fewer resources.

Key Performance Measures:

	2000	2001	Projected 2002	Approved 2003
# Loans to Centers	7	11	7	5
# Loans to Family Child Care Centers.	35	31	31	28
Number of Families Served, Day Care subsidies	120	124	128	115

#### Explanation of Key Performance Measures:

Declining number of loans and families receiving subsidized day care reflects the reduction in funds and increased cost of environmental (lead) requirements from HUD.

#### Service Activity: Children's Dental Services

Description: This project provides dental services to low income children through eleven Head Start and Minneapolis Public School sites as well as their main clinic location at Minneapolis Community and Technical College. Children's Dental Services play a significant role in reducing barriers to accessing dental care for low-income children; 93% of those served are children of color; 73% receive some form of Medical Assistance, and 22% qualify for free or sliding fee scale services. City funds cover 630 children who are uninsured and accounts for 13% of the total budget for this project.

#### Key Performance Measures:

	2000	2001	Projected 2002	Approved 2003
Children's Dental Visits	1,756	2117	2,011	1,910

#### Explanation of Key Performance Measures:

In spite of major strides in improving organizational efficiencies, other cost increases and CDBG reductions contribute to fewer visits.

#### Service Activity: Chore services for Senior Citizens

Description: The Greater Minneapolis Council of Churches Handyworks program and Pilot City Neighborhood Services provide home maintenance services with the goal of assisting seniors in remaining in their homes. The services provided include minor home repairs and chore services (e.g. shovel snow, cut grass). Volunteers of America assists Minneapolis seniors in remaining in their homes and maintaining independent living by providing such services as homemaking, home repair, legal, and transportation services. Challenges are the extent of need of the senior community and the declining levels of funding.

#### Key Performance Measures

	2000	2001	Projected 2002*	Approved 2003
VOA – All Services	3,123	5,132	4,788	4,351#
Residences Served Chore Project	NA	7,133*	4,788	6,354#

#### Explanation of Key Performance Measures:

2001 numbers reflects project start up in fall of 2001, and for 2003 the reduction in CDBG Year 28.

# <u>Financial Analysis:</u>

#### Summary of Target Strategies:

Decisions on reductions to meet Target Strategies fall into three general categories:

- Pass-through cuts to three of our largest contracts: Minnesota Visiting Nurse Agency, Neighborhood Health Care Network, and Way To Grow.
- Shifts in services: 348-TOTS (reflects a reduction in the amount of developmental screening being provided through the program); Youth Trust (the agency merged with the Minneapolis Public Schools Foundation; the balance of the funds will be shifted to support the New Family Center as part of a strategic realignment of MDHFS school health investments).
- Other/reprioritization: Research (reflects the department's commitment to seeking grant funding
  for as much of the research division's activities as possible); Domestic Abuse Project and Clinic
  Enhancement funds were chosen in an effort to minimize the effects of cuts on services
  contracted to other community agencies.

Title: Health Contracts: Clinic Enhancements and 348-TOTS

Fund # 0100 Agency # 860 Organization # 8623

<u>Fund</u>	Cost	Revenues	FTE's	Job Titles/Other related costs
0100	(\$15,000)	\$0.00	0	Clinic Enhancements
0100	(\$13,000)	\$0.00	0	348-TOTS/Hennepin County

#### Mayor's Recommendation:

### **Council Adopted:**

The Council concurs with this recommendation

Expense: Revenue:

**Proposal Description:** Reduce the amount available for Clinic Enhancement grants by \$15,000. These funds have been provided to five community clinics not served through the Neighborhood Health Care Network (Planned Parenthood, Indian Health Board, Glenwood Lyndale Community Clinic, Family Medical Center, and Uptown Clinic). These funds have been provided since the restructure of the department in 1996/97, with the purpose of supporting "wrap around" services such as health education, advocacy, interpreting, and assistance with applying for Medical Assistance or Minnesota Care.

Reduce 348-TOTS contract with Hennepin County by \$13,000. This reduction reflects the changes in early childhood screening that have taken place with the County reducing the amount of developmental screening provided to children between the ages of 3 1/2 and six.

**Describe how the proposal impacts your service activities and performance measures:** This proposal will reduce the City's support of the health safety net in Minneapolis, through the reduction of wrap around services in five clinics. The will reduce the amount available to \$100,000, or \$20,000 per clinic.

348-TOTS: The provision of preschool screening that is required for kindergarten has shifted from Hennpin County to Minneapolis Public Schools. Efforts are underway to identify grant funding for MPS to help them with the start-up costs of the screening program.

**Title: Domestic Abuse Project** 

Fund # 0100 Agency # 860 Organization # 8605

Fund 0100 (\$2,000) Revenues FTE's Job Titles/Other related costs 0

#### Mayor's Recommendation:

# **Council Adopted:**

The Council concurs with this recommendation

Expense: Revenue:

**Proposal Description:** Reduce the contract with Domestic Abuse Project by \$2,000. DAP advocates work with victims of domestic assault as their abuser's case proceeds through the criminal court system, providing information and support to the victim and ensuring that the victim's concerns were made known to the court. Advocates also provide assistance with basic life needs that arise as a result of domestic violence, including getting locks changed so that domestic abuse victims can remain safely in their own homes.

Describe how the proposal impacts your service activities and performance measures: This reduction represents a loss of services to about 40 clients.

**Title: Research Division** 

Fund # 0100 Agency # 860 Organization # 8618

Fund 0100 Cost Revenues FTE's Job Titles/Other related costs 0

# Mayor's Recommendation:

#### **Council Adopted:**

The Council concurs with this recommendation

Expense: Revenue:

**Proposal Description:** For a number of years, research has received general fund support for the significant health assessment activities undertaken by the department. These activities have included data collection efforts such as SHAPE, SHAPE II (surveys of the health of Minneapolis adults), and CHAMP (survey of Minneapolis infant health). In addition, fact sheets, reports, and educational memos based on the analyses of these and other City of Minneapolis – Health & Family Support

2003 Adopted Budget

data have been produced concerning various health issues affecting City residents. This reduction reflects the department's commitment to seeking grant funding for as much of the department's future studies, assessments, and communications as possible.

It should be noted that this General Fund allocation was initially \$200,000 in 1999, and has been reduced annually since then to the 2002 level of only \$100,000.

Describe how the proposal impacts your service activities and performance measures: This proposal will reduce the City's investment in research activities that support the collection, assessment, and analysis of health data that impacts City residents, and shifts funding to grants. Also, the communication of one-time and regularly-scheduled research findings will be reduced.

**Title: Youth Trust** 

Fund # 0100 Agency # 860 Organization # 8605

Fund 0100 Cost Revenues FTE's Job Titles/Other related costs 0

#### **Mayor's Recommendation:**

#### **Council Adopted:**

The Council does not recommend this strategy

Expense: Revenue:

**Proposal Description:** This proposal reduces the investment in the Youth Trust (presently known as Achieve Minneapolis) from \$25,000 to \$15,000. The Youth Trust, which this year merged with the Minneapolis Public Schools Foundation to become Achieve Minneapolis, has been a long-standing City investment. The funds have been used to support General Operating expenses for the Youth Trust in their mission of supporting the linkage between area businesses and the Minneapolis Schools. They engage in a range of activities such as developing mentoring, tutoring and career exploration programs that support success in school, and providing technical assistance to school staff and area businesses. The remaining \$15,000 will be shifted to support the New Families Center as part of a strategic re-alignment of the MDHFS school health investment.

**Describe how the proposal impacts your service activities and performance measures:** This proposal will reduce the City's investment in activities that support student achievement and retention in school. The net effect of the 4% reductions in addition to the re-alignment of the balance of this investment will reduce services to more than 2,000 Minneapolis Public School students.

Title: Health Contracts: MVNA, Way to Grow, and NHCN

**Fund #** 0100 **Agency #** 860 **Organization #** 8623

Fund Cost Revenues FTE's Job Titles/Other related costs

0100	(\$28,000)	Minnesota Visiting Nurse Agency
0100		Way to Grow
0100	(\$8,000)	Neighborhood Health Care Network

### **Mayor's Recommendation:**

#### **Council Adopted:**

The Council concurs with this recommendation

### Expense: Revenue:

**Proposal Description:** Reduce the Minnesota Visiting Nurse Agency contract by \$28,000. This four percent reduction from their 2002 General Fund amount reflects a pass through to our largest contractor.

Reduce the Way to Grow contract by \$22,000. This four percent reduction from their 2002 General Fund amount reflects a pass through to one of our largest contractors.

Reduce Neighborhood Health Care Network contract by \$8,000. This four percent reduction from their 2002 General Fund amount reflects a pass through to one of our largest contractors, and represents a loss of 40 visits by low income and uninsured patients for primary medical and dental services through five clinics.

# Describe how the proposal impacts your service activities and performance measures: MVNA:

The reduction reflects a loss of 311 public health nursing visits to low income and at-risk women and children. Way to Grow: The reduction reflects less school readiness services for predominately low income children 0-6, and some public health nursing hours to provide home visits and health assessments for pregnant women served by Way to Grow.

NHCN: The reduction represents a loss of subsidy for 80 visits by low income and uninsured patients for primary medical and dental services through five clinics.

These organizations are all recipients of multiple pass through grants from the City (Community Health Servi ces, Maternal and Child Health, CDBG) which have been flat or reduced annually for the past few years. Combined with increased labor and other costs, these result in further decreases in service levels.

# HEALTH AND FAMILY SUPPORT Expense Information

	2000 Actual	2001 Actual	2002 Adopted Budget	2003 Adopted Budget	% Change 2002 to 2003	Change 2002 to 2003
General Fund - City						
Capital Outlay	0	0	2,650	2,703	2.0%	53
Contractual Services	2,466,002	2,606,104	2,532,990	2,421,239	-4.4%	-111,751
Equipment	4,616	53,114	0	0	0.0%	0
Fringe Benefits	178,119	192,063	235,584	277,283	17.7%	41,699
Operating Costs	127,732	148,654	187,039	117,130	-37.4%	-69,909
Salaries and Wages	798,794	884,821	1,025,295	1,071,131	4.5%	45,836
Total for General Fund - City	3,575,262	3,884,756	3,983,558	3,889,486	-2.4%	-94,072
Special Revenue Funds						
Contractual Services	11,406,273	11,896,383	12,215,170	10,812,962	-11.5%	-1,402,208
Equipment	18,531	24,536	4,500	4,590	2.0%	90
Fringe Benefits	638,054	716,248	753,926	947,522	25.7%	193,596
Operating Costs	1,502,880	1,704,032	717,083	731,424	2.0%	14,341
Salaries and Wages	3,557,106	4,134,104	4,408,537	4,957,348	12.4%	548,811
Transfers	20,001	101,933	0	0	0.0%	0
Total for Special Revenue Funds	17,142,844	18,577,236	18,099,216	17,453,846	-3.6%	-645,370
Total for HEALTH AND FAMILY SUPPORT	20,718,106	22,461,992	22,082,774	21,343,332	-3.3%	-739,442

# HEALTH AND FAMILY SUPPORT Revenue Information

	2000 Actual	2001 Actual	2002 Adopted Budget	2003 Adopted Budget	% Change 2002 to 2003	Change 2002 to 2003
General Fund - City						
Charges for Service	544,733	611,642	550,000	540,000	-1.8%	-10,000
Contributions	500	0	0	0	0.0%	0
Other Misc Revenues	5,147	63	0	0	0.0%	0
Total for General Fund - City	550,381	611,705	550,000	540,000	-1.8%	-10,000
Special Revenue Funds						
Charges for Service	279,060	464,025	0	25,000	0.0%	25,000
Contributions	138,858	199,040	100,000	61,832	-38.2%	-38,168
Federal Government	6,316,447	7,307,892	6,736,344	7,012,816	4.1%	276,472
Interest	11,474	4,012	0	0	0.0%	0
Local Government	988,964	1,291,223	1,050,700	900,000	-14.3%	-150,700
Operating Transfers In	171,721	420,196	0	200,000	0.0%	200,000
Other Misc Revenues	22,580	95,396	0	155,537	0.0%	155,537
Sales and Other Taxes	63,710	52,884	40,000	60,000	50.0%	20,000
State Government	5,428,233	5,091,003	5,815,905	5,274,815	-9.3%	-541,090
Total for Special Revenue Funds	13,421,046	14,925,671	13,742,949	13,690,000	-0.4%	-52,949
Total for HEALTH AND FAMILY SUPPORT	13,971,427	15,537,376	14,292,949	14,230,000	-0.4%	-62,949

# HEALTH AND FAMILY SUPPORT Business Line Expense Information

	2000 Actual	2001 Actual	2002 Adopted Budget	2003 Adopted Budget	% Change 2002 to 2003	Change 2002 to 2003
ADMINISTRATION						
Special Revenue Funds						
Fringe Benefits	0	0	0	0	0.0%	0
Total for Special Revenue Funds	0	0	0	0		0
Total for ADMINISTRATION	0	0	0	0		0
ADMINISTRATION & ASSURANCE						
General Fund - City						
Capital Outlay	0	0	2,650	2,703	2.0%	53
Contractual Services	232,719	235,948	211,834	240,809	13.7%	28,975
Equipment	4,616	39,739	0	0	0.0%	0
Fringe Benefits	141,828	144,953	173,180	179,532	3.7%	6,352
Operating Costs	109,723	106,844	87,640	89,797	2.5%	2,157
Salaries and Wages	604,987	647,723	669,124	701,172	4.8%	32,048
Total for General Fund - City	1,093,874	1,175,206	1,144,428	1,214,013	6.1%	69,585
Special Revenue Funds						
Contractual Services	79,908	76,055	90,769	92,585		1,816
Equipment	134	1,935	0	0		0
Fringe Benefits	36,696	37,588	45,731	36,173		-9,558
Operating Costs	26,334	29,328	16,533	16,863		330
Salaries and Wages	186,068	207,451	205,317	159,320	-22.4%	-45,997
Total for Special Revenue Funds	329,140	352,358	358,350	304,941	-14.9%	-53,409
Total for ADMINISTRATION & ASSURANCE	1,423,014	1,527,563	1,502,778	1,518,954	1.1%	16,176
COMMUNITY SERVICES						
General Fund - City						
Contractual Services	62,523	165,125	101,442	199,730		98,288
Equipment	0	8,312	0	0		0
Fringe Benefits	16,953	17,026	18,786	63,278		44,492
Operating Costs	2,766	32,986	92,494	20,290	-78.1%	-72,204
Salaries and Wages	87,175	92,912	254,300	223,468	-12.1%	-30,832
Total for General Fund - City	169,418	316,361	467,022	506,766	8.5%	39,744
Special Revenue Funds	0.004.40=	0.700 175	0.505.00	0.400.455		44-46-
Contractual Services	2,331,183	2,700,478	2,597,601	2,480,199		-117,402
Equipment	0	17,824	0	0		0
Fringe Benefits	58,112	59,826	75,508	139,932		64,424
Operating Costs	24,452	53,419	3,604	3,676		72
Salaries and Wages	278,557	306,469	316,479	501,625		185,146
Transfers	20,001	101,933	0	0	0.0%	0
Total for Special Revenue Funds	2,712,305	3,239,949	2,993,192	3,125,432	4.4%	132,240
Total for COMMUNITY SERVICES	2,881,723	3,556,310	3,460,214	3,632,198	5.0%	171,984

# HEALTH AND FAMILY SUPPORT Business Line Expense Information

	2000 Actual	2001 Actual	2002 Adopted Budget	2003 Adopted Budget	% Change 2002 to 2003	Change 2002 to 2003
EMPLOYMENT & TRAINING						
General Fund - City						
Contractual Services	60,000	19,259	45,000	30,600	-32.0%	-14,400
Operating Costs	230	384	1,605	1,637	2.0%	32
Salaries and Wages	491	0	0	0	0.0%	0
Total for General Fund - City	60,721	19,643	46,605	32,237	-30.8%	-14,368
Special Revenue Funds						
Contractual Services	5,283,199	5,327,578	6,275,662	4,972,130	-20.8%	-1,303,532
Equipment	1,915	811	4,500	4,590	2.0%	90
Fringe Benefits	244,218	272,193	188,663	206,754	9.6%	18,091
Operating Costs	1,333,878	1,476,284	650,000	663,000	2.0%	13,000
Salaries and Wages	1,634,114	1,899,713	1,999,371	2,081,377	4.1%	82,006
Total for Special Revenue Funds	8,497,325	8,976,578	9,118,196	7,927,851	-13.1%	-1,190,345
Total for EMPLOYMENT & TRAINING	8,558,046	8,996,221	9,164,801	7,960,088	-13.1%	-1,204,713
HEALTH						
General Fund - City						
Contractual Services	1,960,848	1,910,229	1,918,392	1,719,799	-10.4%	-198,593
Fringe Benefits	7,733	14,196	22,436	14,409	-35.8%	-8,027
Operating Costs	12,643	4,009	3,000	3,060	2.0%	60
Salaries and Wages	37,547	70,440	109,741	65,855	-40.0%	-43,886
Total for General Fund - City	2,018,771	1,998,875	2,053,569	1,803,123	-12.2%	-250,446
Special Revenue Funds						
Contractual Services	3,593,407	3,556,714	3,103,724	3,117,685	0.4%	13,961
Equipment	1,134	3,541	0	0	0.0%	0
Fringe Benefits	199,327	246,104	299,695	407,119	35.8%	107,424
Operating Costs	93,121	124,151	39,646	40,439	2.0%	793
Salaries and Wages	997,244	1,212,020	1,300,365	1,606,404	23.5%	306,039
Total for Special Revenue Funds	4,884,233	5,142,530	4,743,430	5,171,647	9.0%	428,217
Total for HEALTH	6,903,004	7,141,405	6,796,999	6,974,770	2.6%	177,771
POLICY AND ADVOCACY						
General Fund - City						
Contractual Services	116,508	154,471	152,084	150,301	-1.2%	-1,783
Equipment	0	1,032	0	0	0.0%	0
Fringe Benefits	11,605	15,888	21,182	20,064	-5.3%	-1,118
Operating Costs	1,783	4,305	2,300	2,346	2.0%	46
Salaries and Wages	68,594	73,746	-7,870	80,636	-1,124.6%	88,506
Total for General Fund - City	198,488	249,442	167,696	253,347	51.1%	85,651
Special Revenue Funds						
Contractual Services	14,350	72,627	13,280	13,546	2.0%	266
Equipment	551	425	0	0	0.0%	0
Fringe Benefits	40,620	44,858	63,298	65,581	3.6%	2,283

# HEALTH AND FAMILY SUPPORT Business Line Expense Information

	2000 Actual	2001 Actual	2002 Adopted Budget	2003 Adopted Budget	% Change 2002 to 2003	Change 2002 to 2003
POLICY AND ADVOCACY						
Special Revenue Funds						
Operating Costs	9,188	16,553	3,700	3,774	2.0%	74
Salaries and Wages	192,774	232,540	256,931	249,577	-2.9%	-7,354
Total for Special Revenue Funds	257,483	367,004	337,209	332,478	-1.4%	-4,731
Total for POLICY AND ADVOCACY	455,972	616,446	504,905	585,825	16.0%	80,920
RESEARCH						
General Fund - City						
Contractual Services	33,404	121,072	104,238	80,000	-23.3%	-24,238
Equipment	0	4,031	0	0	0.0%	0
Operating Costs	587	127	0	0	0.0%	0
Total for General Fund - City	33,991	125,230	104,238	80,000	-23.3%	-24,238
Special Revenue Funds						
Contractual Services	104,226	162,931	134,134	136,817	2.0%	2,683
Equipment	14,796	0	0	0	0.0%	0
Fringe Benefits	59,080	55,679	81,031	91,963	13.5%	10,932
Operating Costs	15,908	4,297	3,600	3,672	2.0%	72
Salaries and Wages	268,348	275,910	330,074	359,045	8.8%	28,971
Total for Special Revenue Funds	462,357	498,817	548,839	591,497	7.8%	42,658
Total for RESEARCH	496,349	624,047	653,077	671,497	2.8%	18,420
Total for HEALTH AND FAMILY SUPPORT	20,718,106	22,461,992	22,082,774	21,343,332	-3.3%	-739,442

# HEALTH AND FAMILY SUPPORT Staffing Information

	2000	2001	2002 Adopted Budget	2003 Adopted Budget	% Change 2002 to 2003	Change 2002 to 2003
FTE's by Division Health and Family Support	73.90	80.40	85.40	91.65	7.32%	6.25
Total FTE's	73.90	80.40	85.40	91.65	7.32%	6.25